

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA**

**CHAPTER 13 PLAN - AMENDED  
AND RELATED MOTIONS**

Name of Debtor(s): **Jeffrey M Sober  
Janice M Sober**

Case No: **15-31693-KLP**

This plan, dated **July 17, 2015**, is:

- ☐ the *first* Chapter 13 plan filed in this case.  
☒ a modified Plan, which replaces the  
☒ confirmed or ☐ unconfirmed Plan dated **4/14/2015**.

Date and Time of Modified Plan Confirming Hearing:  
**September 2, 2015 at 09:10 AM**

Place of Modified Plan Confirmation Hearing:  
**701 E. Broad St., Rm. 5100, Richmond, Virginia 23219**

The Plan provisions modified by this filing are:

**1) Funding, 3) c. secured adequate protection , 3) d. secured and 11. Other. Amended Sch J.**

Creditors affected by this modification are:

**Langley FCU. Negative affect on all unsecured creditors.**

**NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.**

**This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.**

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: **\$37,524.01**

Total Non-Priority Unsecured Debt: **\$127,978.40**

Total Priority Debt: **\$0.00**

Total Secured Debt: **\$29,700.00**

1. **Funding of Plan.** The debtor(s) propose to pay the trustee the sum of **\$300.00 Monthly for 4 months, then \$750.00 Monthly for 8 months, then \$1,050.00 Monthly for 48 months.** Other payments to the Trustee are as follows: NONE. The total amount to be paid into the plan is \$ 57,600.00.

2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.

**A. Administrative Claims under 11 U.S.C. § 1326.**

1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
2. Debtor(s)' attorney will be paid \$ 5,050.00 balance due of the total fee of \$ 5,050.00 concurrently with or prior to the payments to remaining creditors.

**B. Claims under 11 U.S.C. § 507.**

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

<u>Creditor</u>	<u>Type of Priority</u>	<u>Estimated Claim</u>	<u>Payment and Term</u>
<b>-NONE-</b>			

3. **Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.**

**A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.**

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. **Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan.**

The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u>	<u>Collateral</u>	<u>Purchase Date</u>	<u>Est Debt Bal.</u>	<u>Replacement Value</u>
<b>-NONE-</b>				

**B. Real or Personal Property to be Surrendered.**

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u>	<u>Collateral Description</u>	<u>Estimated Value</u>	<u>Estimated Total Claim</u>
<b>-NONE-</b>			

**C. Adequate Protection Payments.**

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

<u>Creditor</u>	<u>Collateral Description</u>	<u>Adeq. Protection Monthly Payment</u>	<u>To Be Paid By</u>
Harley-Davidson	2004 Harley-Davidson FLSTF Fat Boy Softail 32,500k miles	30.00	Trustee
Langley FCU	2015 Hyundai Sonata w/ 10,898 miles	60.00	Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

**D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):**

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, **whichever is less**, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. **Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.**

<u>Creditor</u>	<u>Collateral</u>	<u>Approx. Bal. of Debt or "Crammed Down" Value</u>	<u>Interest Rate</u>	<u>Monthly Paymt &amp; Est. Term**</u>
Harley-Davidson	2004 Harley-Davidson FLSTF Fat Boy Softail 32,500k miles	5,600.00	4.25%	Prorata 45 months
Langley FCU	2015 Hyundai Sonata w/ 10,898 miles	33,036.00	3.25%	Prorata 45 months

**E. Other Debts.**

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

**4. Unsecured Claims.**

**A. Not separately classified.** Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 2 %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0 %.

**B. Separately classified unsecured claims.**

<u>Creditor</u>	<u>Basis for Classification</u>	<u>Treatment</u>
-NONE-		

**5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).**

- A. Debtor(s) to make regular contract payments; arrearages, if any, to be paid by Trustee.** The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

<u>Creditor</u>	<u>Collateral</u>	<u>Regular Contract Payment</u>	<u>Estimated Arrearage</u>	<u>Arrearage Interest Rate</u>	<u>Estimated Cure Period</u>	<u>Monthly Arrearage Payment</u>
<b>-NONE-</b>						

- B. Trustee to make contract payments and cure arrearages, if any.** The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

<u>Creditor</u>	<u>Collateral</u>	<u>Regular Contract Payment</u>	<u>Estimated Arrearage</u>	<u>Interest Rate</u>	<u>Term for Arrearage</u>	<u>Monthly Arrearage Payment</u>
<b>-NONE-</b>						

- C. Restructured Mortgage Loans to be paid fully during term of Plan.** Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u>	<u>Collateral</u>	<u>Interest Rate</u>	<u>Estimated Claim</u>	<u>Monthly Paymt&amp; Est. Term**</u>
<b>-NONE-</b>				

**6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.

- A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

<u>Creditor</u>	<u>Type of Contract</u>
<b>-NONE-</b>	

- B. Executory contracts and unexpired leases to be assumed.** The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u>	<u>Type of Contract</u>	<u>Arrearage</u>	<u>Monthly Payment for Arrears</u>	<u>Estimated Cure Period</u>
<b>-NONE-</b>				

**7. Liens Which Debtor(s) Seek to Avoid.**

- A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f).** The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. **Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien.** If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

<u>Creditor</u>	<u>Collateral</u>	<u>Exemption Amount</u>	<u>Value of Collateral</u>
<b>-NONE-</b>			

- B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f).** The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

<u>Creditor</u>	<u>Type of Lien</u>	<u>Description of Collateral</u>	<u>Basis for Avoidance</u>
<b>-NONE-</b>			

**8. Treatment and Payment of Claims.**

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

- 9. Vesting of Property of the Estate.** Property of the estate shall revert in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.

- 10. Incurrence of indebtedness.** The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

- 11. Other provisions of this plan:**  
**=> Payment of Attorney Fees and Costs - The claims for attorney fees and costs shall be paid by all funds available on first disbursement after confirmation of the plan (fees) and entry of proof of claim for actual costs (costs), and until such claims for attorney fees and costs is paid in full, except as reserved for adequate protection payments on allowed secured claims (if any), DSO claims and Trustee commissions.**

**Debtor's wife expects an increase from her commission sales position and shall increase payments in month 13 of the plan.**

**Signatures:**

**Dated:** July 17, 2015

/s/ Jeffrey M Sober  
Jeffrey M Sober  
Debtor

/s/ Kimberly A. Chandler  
Kimberly A. Chandler 47897  
Debtor's Attorney

/s/ Janice M Sober  
Janice M Sober  
Joint Debtor

**Exhibits:**      **Copy of Debtor(s)' Budget (Schedules I and J);**  
                     **Matrix of Parties Served with Plan**

Certificate of Service

I certify that on July 17, 2015, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Kimberly A. Chandler  
Kimberly A. Chandler 47897  
Signature

P.O.Box 17586  
Richmond, VA 23226  
Address

804-353-1849  
Telephone No.

Ver. 09/17/09 [effective 12/01/09]

Fill in this information to identify your case:

Debtor 1 Jeffrey M Sober

Debtor 2 Janice M Sober  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-31693-KLP  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>		
If you have more than one job, attach a separate page with information about additional employers.	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Employment status		
Occupation		
Include part-time, seasonal, or self-employed work.	Employer's name	Priority Fire Protection, LLC
Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 1094 Hampton, VA 23661
How long employed there?		6 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 2,600.00
<b>3. Estimate and list monthly overtime pay.</b>	3. +\$ 0.00	+\$ 0.00
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. \$ 0.00	\$ 2,600.00

Debtor 1 **Jeffrey M Sober**  
Debtor 2 **Janice M Sober**

Case number (if known) **15-31693-KLP**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ 0.00	\$ 2,600.00	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00	
5e. Insurance	\$ 0.00	\$ 0.00	
5f. Domestic support obligations	\$ 0.00	\$ 0.00	
5g. Union dues	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify:	\$ 0.00	\$ 0.00	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 0.00	\$ 0.00	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	\$ 0.00	\$ 2,600.00	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00	
8b. Interest and dividends	\$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00	
8d. Unemployment compensation	\$ 0.00	\$ 0.00	
8e. Social Security	\$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Disability</u>	\$ 2,022.83	\$ 0.00	
8g. Pension or retirement income	\$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Social Security for adult daughter</u>	\$ 0.00	\$ 733.00	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 2,022.83	\$ 733.00	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 2,022.83	\$ 3,333.00	= \$ 5,355.83
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:			
		11. +\$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies		12. \$ 5,355.83	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 5px; display: inline-block;">Debtor's wife expects an increase from her commission sales position as she earns new accounts and anticipates an increase in plan payments accordingly.</span>			



Fill in this information to identify your case:

Debtor 1 Jeffrey M Sober

Debtor 2 Janice M Sober  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 15-31693-KLP  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_\_  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

22

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,350.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 136.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Jeffrey M Sober**  
Debtor 2 **Janice M Sober**

Case number (if known) **15-31693-KLP**

6. **Utilities:**
- |  |        |               |
|--|--------|---------------|
| 6a. Electricity, heat, natural gas                                 | 6a. \$ | <b>375.00</b> |
| 6b. Water, sewer, garbage collection                               | 6b. \$ | <b>65.00</b>  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <b>200.00</b> |
| 6d. Other. Specify: _____  | 6d. \$ | <b>0.00</b>   |
7. **Food and housekeeping supplies** 7. \$ **650.00**
8. **Childcare and children's education costs** 8. \$ **0.00**
9. **Clothing, laundry, and dry cleaning** 9. \$ **50.00**
10. **Personal care products and services** 10. \$ **100.00**
11. **Medical and dental expenses** 11. \$ **215.00**
12. **Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments. 12. \$ **296.00**
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ **50.00**
14. **Charitable contributions and religious donations** 14. \$ **0.00**
15. **Insurance.**  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- |                                      |         |               |
|--------------------------------------|---------|---------------|
| 15a. Life insurance                  | 15a. \$ | <b>161.00</b> |
| 15b. Health insurance                | 15b. \$ | <b>0.00</b>   |
| 15c. Vehicle insurance               | 15c. \$ | <b>234.00</b> |
| 15d. Other insurance. Specify: _____ | 15d. \$ | <b>0.00</b>   |
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: **Personal Property Taxes** 16. \$ **24.00**  
Specify: **Estimated income taxes** \$ **87.00**
17. **Installment or lease payments:**
- |                                 |         |             |
|---------------------------------|---------|-------------|
| 17a. Car payments for Vehicle 1 | 17a. \$ | <b>0.00</b> |
| 17b. Car payments for Vehicle 2 | 17b. \$ | <b>0.00</b> |
| 17c. Other. Specify: _____      | 17c. \$ | <b>0.00</b> |
| 17d. Other. Specify: _____      | 17d. \$ | <b>0.00</b> |
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).** 18. \$ **0.00**
19. **Other payments you make to support others who do not live with you.** \$ **0.00**  
Specify: \_\_\_\_\_ 19.
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- |   |         |             |
|---|---------|-------------|
| 20a. Mortgages on other property                  | 20a. \$ | <b>0.00</b> |
| 20b. Real estate taxes                            | 20b. \$ | <b>0.00</b> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | <b>0.00</b> |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. \$ | <b>0.00</b> |
| 20e. Homeowner's association or condominium dues  | 20e. \$ | <b>0.00</b> |
21. **Other:** Specify: **Disabled Daughters Expenses** 21. +\$ **612.00**
22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses. 22. \$ **4,605.00**
23. **Calculate your monthly net income.**
- |   |          |                 |
|---|----------|-----------------|
| 23a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$  | <b>5,355.83</b> |
| 23b. Copy your monthly expenses from line 22 above.   | 23b. -\$ | <b>4,605.00</b> |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> . | 23c. \$  | <b>750.83</b>   |
24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?
- ☒ No.
- ☐ Yes. Explain: \_\_\_\_\_

AFNI  
PO Box 3097  
Bloomington, IL 61702

Alltel Communications LLC  
Building 4, 3rd Floor  
One Allied Drive  
Little Rock, AR 72202-2099

Animal Care Association  
2403 Boulevard  
Colonial Heights, VA 23834

Appomattox Imaging Center  
PO box 13343  
Richmond, VA 23225

Appomattox Regional Library  
209 E. Cawson Street  
Hopewell, VA 23860

AT&T  
c/o Bankruptcy  
1801 Valley View Ln  
Farmers Branch, TX 75324

Bank of America  
Attn: BKY Dept.  
P.O. Box 15026  
Wilmington, DE 19850-5026

BB&T  
Attn: BKY Dept.  
P.O. Box 1847  
Wilson, NC 27894

C.I. Associates, L.P.  
5380 Oaklaw Blvd  
Prince George, VA 23875

C.I. Associates, L.P.  
1553 E. Main Street  
Richmond, VA 23219

CAC Financial Corp  
2601 NW Expressway  
Ste. 1000 East  
Oklahoma City, OK 73112-7236

Cardiac Surgical Associates  
2601 E NAW Expressway  
Suite 1000  
Oklahoma City, OK 73112

Cash Net USA  
200 W Jackson, Ste 1400  
Chicago, IL 60606-6941

Childrens Hospital of Richmond  
2924 Brook Road  
Richmond, VA 23220

Chippenham JW Medical Center  
RE Bankruptcy Dept  
PO Box 13620  
Richmond, VA 23225-8620

Citibank  
Citi Inquiries/Client Services  
100 Citibank Drive  
San Antonio, TX 78245

Commonwealth Financial Solutio  
PO Box 7014  
Fredericksburg, VA 22404

Convergent Outsourcing\*\*  
800 SW 39th Street  
Renton, WA 98057

Credit Control Corporation  
P. O. Box 120570  
Newport News, VA 23612

Discover Financial Svcs  
PO Box 15316  
Wilmington, DE 19850

Dish Network  
P.O. Box 105169  
Atlanta, GA 30348

Eastern Account System  
PO Box 837  
Newtown, CT 06470

Edward G Collier  
13301 South Crater Road  
Petersburg, VA 23805

Exede Via Sat Inc  
349 South Inverness Drive  
Englewood, CO 80112

Focused Recovery Sol., Inc  
P.O. Box 63355  
Charlotte, NC 28263-3355

Focused Recovery Solution  
9701 Metropolitan Court  
Suite B  
Richmond, VA 23236-3690

Foot and Ankle Center LLC.  
1465 Johnston Willis Drive  
Richmond, VA 23235

Fort Lee Federal Credit Union  
4495 Crossings Blvd  
Prince George, VA 23875

Foundation Radiology Group  
350 N orleans St  
Fl 8 Dept 6235  
Chicago, IL 60654

Fredericksburg Collection  
10506 Wakeman Drive  
Fredericksburg, VA 22407-8040

Galaxy Portfolios LLC  
PO box 27740  
Las Vegas, NV 89126

GEMB/Sam's Club  
P.O. Box 981400  
El Paso, TX 79998

Ginnys  
1112 7th Avenue  
Monroe, WI 53566-1364

Glenside Medical Associates  
4000-A Glenside Drive  
Richmond, VA 23228

H. L. Henshaw Auto  
1020 E. Washington Street  
Petersburg, VA 23803

Harley-Davidson  
P.O. Box 22048  
Carson City, NV 89721

Harley-Davidson Credit Corp.  
P. O. Box 829009  
Dallas, TX 75382-9009

Hopewell Publishing Company  
516 East Randolph Road  
Hopewell, VA 23860

Hospitalists of Virginia, LLP  
75 Remittance Drive, Ste. 1151  
Chicago, IL 60675

James River Emergency Group  
5665 New Northdise Drive St320  
Atlanta, GA 30328

JL Walston & Associates  
326 S. Main Street  
Emporia, VA 23847

John Randolph Hospital  
Attn: Bankruptcy Dept  
411 W Randolph Road  
Hopewell, VA 23860

John Randolph Medical Center  
PO Box 13620  
Richmond, VA 23225-8620

John Randolph Medical Center  
Nat'l Patient Account Services  
PO Box 99400  
Louisville, KY 40269

Kmart  
r/a CT Corporation System  
4701 Cox Road, Suite 301  
Glen Allen, VA 23060-6802

Labcorp  
PO Box 2240  
Burlington, NC 27216

Langley FCU  
P.O. Box 7463  
Hampton, VA 23666-0463

Leading Edge Recover Solutions  
5440 N Cumberland Ave  
Suite 300  
Chicago, IL 60656

Mark Gregory Talyor  
13304 Sherri Drive  
Chester, VA 23831

Massage Envy  
4346 Pouncey Tract Road  
Glen Allen, VA 23060

MCV Hospitals  
Attn: Bankruptcy Dept.  
P.O. Box 980462  
Richmond, VA 23298-0462

MCV Physicians  
1250 East Marshall Street  
Richmond, VA 23294

Med Air Home Care  
PO Box 220  
Tappahannock, VA 22560

Nationwide Recovery System  
3000 Kellway Drive  
Ste. 108  
Carrollton, TX 75006-3304

NCO - Medclear Inc.  
Attn: Bankruptcy Dept.  
507 Prudential Road  
Horsham, PA 19044-2038

NCO Financial Systems  
Attn: Bankruptcy Dept.  
507 Prudential Road  
Horsham, PA 19044

Northland Group  
PO Box 129  
Thorofare, NJ 08086

NPC/Universal Debit & Credit  
3901 Centerview Drive  
Suite W  
Chantilly, VA 20151

Nuvell Credit Company, LLC  
PO Box 78367  
Phoenix, AZ 85062

Partners Collection  
403 Axminister  
Fenton, MO 63026

Pediatric Dentistry & Ortho  
651 Southpark Blvd  
Colonial Heights, VA 23834

Prime Care Family Practice  
4700 Puddledock Road  
Suite 300  
Prince George, VA 23875



Prime Time Rentals  
2015 South Crater Road  
Petersburg, VA 23805

Prince George Realty  
5721 Courthouse Road  
Prince George, VA 23875

Pulmonary & Critical Care Asso  
PO Box 11768  
Richmond, VA 23230

Radiology Assoc. of Richmond,  
Attn: Bankruptcy Dept.  
P.O. Box 13343  
Richmond, VA 23225

Santander Consumer USA  
8585 N Stemmons FWY  
Suite 1000  
Dallas, TX 75247

Sprint  
KSOPHT0101-Z4300  
6391 Sprint Parkway  
Overland Park, KS 66251-4300

Target National Bank  
PO Box 660170  
Dallas, TX 75266-0170

The Affiliated Group Inc  
3055 41st Street  
NW Suite 100  
Rochester, MN 55901

The Pediatric Connection  
310 Turner Road  
Richmond, VA 23225

Transworld System, Inc.\*  
P.O. Box 12103  
Trenton, NJ 08650

Trident Asset Management  
PO Box 888424  
Atlanta, GA 30356

Tucker Psychiatric Clinic  
1000 Boulders Pkwy.  
Suite 202  
Richmond, VA 23225

Unique National Collections  
RE Bankruptcy Dept  
119 E Maple Street  
Jeffersonville, IN 47130

United Compucred Coll Inc  
Credit Verifications  
4190 Harrison Avenue  
Cincinnati, OH 45211

VA Emergency Physicians  
PO Box 85080  
Richmond, VA 23285

Vangaurd Services Unlimited  
521 N Quincy Street  
Arlington, VA 22203

Verizon  
500 Technology Dr  
Suite 550  
Saint Charles, MO 63304

Village Green Family Medicine  
13841 Hull Street Road  
Suite 4  
Midlothian, VA 23112

Virginia Emergency Phys LLP  
P.O. Box 17695  
Baltimore, MD 21297-1695

Wachovia Bank DE/FTU  
Central Bankruptcy Dept.  
P.O. Box 3117  
Winston Salem, NC 27102-3117

Wachovia Bank N.A.  
Attn: Bankruptcy Dept.  
P. O. Box 50014  
Roanoke, VA 24040-0014

West Asset Management  
1000 N. Travis Street  
Suite F  
Sherman, TX 75090-5054

West Asset Management, Inc.  
RE Bankruptcy Dept.  
PO Box 1420  
Sherman, TX 75091-1420

Winn Dixie  
3011 Country Lane  
Chattanooga, TN 37412